**Concern Form Part A**

* **Part A** is to be completed by the adult who first has a concern and reported to the Designated Safeguarding Lead (DSL) without delay.

Separate concern forms should be completed for both alleged instigator(s) and victim(s) of incidents.

* **Part B** is to be completed by the DSL

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| **Child’s name**  |  |
| **Date of birth**This may be added by the DSL having ensured there is no risk of confusion if children have similar names |  |
| **Name of member of staff/person reporting the concern** | **PLEASE PRINT** |  |
| **Signature** |  |
| **Role** |  |
| **Date DD/MM/YYYY** |  | **Time** |  |

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| **Concern(s) - Use the body- map show any marks or injuries.**  |
|  |
| **Additional form used?** | **Yes / No** | **Page of**  |

**Concern Form Part B**

To be completed by the Designated Safeguarding Lead (D/DSL)

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| **Name of D/DSL reviewing the concern** |  |
| **Safeguarding support already in place**Tick and add name where known at time of report |
| **None** | **ESA or Support Assessment** | **Child in Need** | **Child Protection Plan** | **Looked After** | **Previous social care involvement**  |
|  |  |  |  |  |  |
| **Name and role of allocated worker** |  |
| **Data analysis:****if the concern relates to child on child abuse, state which:** | *This includes any reports and concerns, including those outside the school and online:*1. bullying (including cyberbullying, prejudice-based and discriminatory bullying)
2. abuse in intimate personal relationships between peers
3. physical abuse
4. sexual violence
 | 1. sexual harassment
2. causing someone to engage in sexual activity without consent
3. consensual and non-consensual sharing of nudes and semi nudes images and or videos
4. upskirting
5. initiation/hazing type violence and rituals
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| **Name of person taking actions**  | **Actions/next steps** **Please detail conversation and rationale for decisions – include whether concerns were shared with parents/carers, MASH and if not outline reasons why.** | **Date of action** |
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| **What would the child like to happen next?** |
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| **Has the child’s wishes been considered when deciding action to be taken?** | **Yes** | **No** |
| **If no, please indicate why not**  |

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| **A summary of actions must be shared with the person who raised the concern** |
| **Summary of action discussion - please include any ‘gut feeling elements’ in the discussion and also the potential impact on the child.** |  | **Date** |  |
| **If actions agreed** **Signature of person (overleaf) who raised the concern** |  |
| **If actions *not* agreed** **A file note added to the child’s file with a summary of discussion and the outcome/s.** **Signature of person who raised the concern overleaf** | **File note document number**  |  |
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**Body Map**

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| **Children must not be undressed or photographs taken of any marks or injuries** |



Back

Palm